

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address RON BENDER (SBN 143364) JULIET Y. OH (SBN 211414) LEVENE, NEALE, BENDER, YOO & BRILL L.L.P. 10250 Constellation Boulevard, Suite 1700 Los Angeles, California 90067 Telephone: (310) 229-1234 Facsimile: (310) 229-1244 Email: RB@LNBYB.COM; JYO@LNBYB.COM <input type="checkbox"/> Individual appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION	
In re: THE SOURCE HOTEL, LLC, a California limited liability company, <div style="text-align: right;">Debtor(s)</div>	CASE NO.: 8:21-bk-10525-ES CHAPTER: 11 SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]

A filing fee is required to amend Schedules D or E/F (see [Abbreviated Fee Schedule](#) on the Court's website www.cacb.uscourts.gov). A supplemental master mailing list (do not repeat any creditors on the original) is required as an attachment if creditors are being added to the Schedule D or E/F.

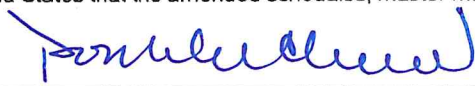
Are one or more creditors being added? ☐ Yes ☒ No

The following schedules, master mailing list or statements (check all that apply) are being amended:

- ☐ Schedule A/B ☐ Schedule C ☐ Schedule D ☒ Schedule E/F ☐ Schedule G
☐ Schedule H ☐ Schedule I ☐ Schedule J ☐ Schedule J-2 ☐ Statement of Financial Affairs
☐ Statement About Your Social Security Numbers ☐ Statement of Intention ☐ Master Mailing List
☒ Other (specify) List of Equity Security Holders

I/we declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and or statements are true and correct.

Date: 05/18/2021


Debtor 1 Signature

Debtor 2 (Joint Debtor) Signature (if applicable)

NOTE: It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California

**United States Bankruptcy Court
Central District of California - Santa Ana**

In re The Source Hotel, LLC

Debtor(s)

Case No. 8:21-bk-10525-ES
Chapter 11

LIST OF EQUITY SECURITY HOLDERS - AMENDED

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Beach Orangethorpe Hotel III, LLC P.O. Box 489 Buena Park, CA 90621	Preferred	29	Series 2 Membership Units
DMC Investment Holdings, LLC		100	Series 1 Membership Units

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Manager of Sole Member of Debtor** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date May 18, 2021

Signature


Donald Chae

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

Fill in this information to identify the case:

Debtor name **The Source Hotel, LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:21-bk-10525-ES**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>County of Orange Dept. of Treasurer & Tax Collector P.O. Box 1438 Santa Ana, CA 92702-1438</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>For Notice Purposes Only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Franchise Tax Board Bankruptcy Section, MS: A-340 P.O. Box 2952 Sacramento, CA 95812-2952</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>For Notice Purposes Only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor	The Source Hotel, LLC <small>Name</small>	Case number (if known)	8:21-bk-10525-ES
--------	---	------------------------	-------------------------

2.3	Priority creditor's name and mailing address Internal Revenue Service (IRS) P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address State Board of Equalization Account Info Group, MIC:29 P.O. Box 942879 Sacramento, CA 94279-0029	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
--	--	--	------------------------

3.1	Nonpriority creditor's name and mailing address Ace Tek Roofing Co. 747 S. Ardmore Ave., Suite 405 Los Angeles, CA 90005 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,968.00
-----	--	--	--------------------

3.2	Nonpriority creditor's name and mailing address Alcal Specialty Contracting Inc. 4589 Firestone Blvd. South Gate, CA 90280 Date(s) debt was incurred <u>5/6/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,025.90
-----	--	--	--------------------

3.3	Nonpriority creditor's name and mailing address All Area Plumbing 6265 San Fernando Road Glendala, CA 91201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,185.00
-----	---	--	-------------------

Debtor <u>The Source Hotel, LLC</u> <small>Name</small>	Case number (if known) <u>8:21-bk-10525-ES</u>
--	--

3.4	Nonpriority creditor's name and mailing address American Engineering Laboratories P.O. Box 1816 Whittier, CA 90609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$6,525.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--	--

3.5	Nonpriority creditor's name and mailing address AT&T P.O. Box 5025 Carol Stream, IL 60197-5025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$345.10</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--	---

3.6	Nonpriority creditor's name and mailing address Buchanan Company, Inc. 5500 Bolsa Avenue, Ste. 200 Huntington Beach, CA 92649 Date(s) debt was incurred <u>7/14/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,344.06</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---	---

3.7	Nonpriority creditor's name and mailing address Cabrillo Hoist P.O. Box 3179 Rancho Cucamonga, CA 91729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$226,301.50</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---	--

3.8	Nonpriority creditor's name and mailing address Chase Card Services P.O. Box 94014 Palatine, IL 60094-4014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$78.20</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--	--

3.9	Nonpriority creditor's name and mailing address Chase Card Services P.O. Box 94014 Palatine, IL 60094-4014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$656.13</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--	---

3.10	Nonpriority creditor's name and mailing address Chefs Toys 18430 Pacific Street Fountain Valley, CA 92708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$57,273.24</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor	The Source Hotel, LLC <small>Name</small>	Case number (if known)	8:21-bk-10525-ES
--------	--	------------------------	------------------

3.11	Nonpriority creditor's name and mailing address Diablo Consulting 13200 Crossroads Parkway N Ste. 115 City of Industry, CA 91746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,625.01
3.12	Nonpriority creditor's name and mailing address DKY Architects 15375 Barranca Pkwy. Suite A-210 Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,835.50
3.13	Nonpriority creditor's name and mailing address Evergreen Electric Construction 629 Grove View Lane La Canada, CA 91011 Date(s) debt was incurred <u>7/30/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$528,260.00
3.14	Nonpriority creditor's name and mailing address Ficcadenti Waggoner and Castle 16969 Von Karman Avenue Suite 240 Irvine, CA 92606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,800.00
3.15	Nonpriority creditor's name and mailing address Gene Fong Associates 1130 Westwood Blvd. Los Angeles, CA 90024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.16	Nonpriority creditor's name and mailing address Greenland Construction Service, LLC 6940 Beach Blvd. Buena Park, CA 90621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address Harbor All Glass & Mirror, Inc. 1926 Placentia Ave. Costa Mesa, CA 92627 Date(s) debt was incurred <u>8/9/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165,166.11

Debtor <u>The Source Hotel, LLC</u> Name _____	Case number (if known) <u>8:21-bk-10525-ES</u>
---	--

3.18	Nonpriority creditor's name and mailing address Hill Crane Service, Inc. 3333 Cherry Avenue Long Beach, CA 90807 Date(s) debt was incurred <u>3/17/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Hirsch Bedner Associates 3216 Nebraska Avenue Santa Monica, CA 90404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$109,290.98</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address Interstate-RIM Management Company c/o Interstate Hotels & Resorts 4501 N. Fairfax Drive, Ste. 500 Arlington, VA 22203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$175.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Kim & Lee, LLP 2305 W 190th St Torrance, CA 90504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,900.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address KS Steel Corp. 1748 Industrial Way Los Angeles, CA 90023 Date(s) debt was incurred <u>3/3/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$21,195.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address L2 Specialties 3613 W. Macarthur Blvd., #611 Santa Ana, CA 92704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$10,440.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address LimNexus, LLP 707 Wilshire Blvd., 46th Floor Los Angeles, CA 90017-2570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,474.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>The Source Hotel, LLC</u>		Case number (if known) <u>8:21-bk-10525-ES</u>
Name		
3.25	Nonpriority creditor's name and mailing address Master Glass 2225 W. Pico Blvd., Unit C Los Angeles, CA 90006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$19,200.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address Mirrors Showers & Wardrobes, Inc. 26121 Avenue Hall Valencia, CA 91355 Date(s) debt was incurred <u>7/17/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>Unknown</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address Morrow Meadows 231 Benton Court City of Industry, CA 91789 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$69,213.01</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address Nemo & Rami, Inc. 1930 W. Holt Ave. Pomona, CA 91768 Date(s) debt was incurred <u>1/21/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$35,680.66</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address Newgens, Inc. 14241 Foster Road La Mirada, CA 90638 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$413,601.12</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address OJ Insulation LP 600 S Vincent Ave. Azusa, CA 91702 Date(s) debt was incurred <u>1/3/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$25,448.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address OMB Electrical Engineers, Inc. 8825 Research Drive Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$900.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	The Source Hotel, LLC Name	Case number (if known)	8:21-bk-10525-ES
--------	--------------------------------------	------------------------	-------------------------

3.32	Nonpriority creditor's name and mailing address Salamander Fire Protection, Inc 6103 Tyrone Street Van Nuys, CA 91401 Date(s) debt was incurred <u>9/4/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor (Expired Mechanic's Lien)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$55,599.99</u>
------	---	---	--------------------

3.33	Nonpriority creditor's name and mailing address Sky Rider Equipment Co., Inc. 1180 North Blue Gum Street Anaheim, CA 92806 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,400.00</u>
------	--	--	-------------------

3.34	Nonpriority creditor's name and mailing address So. Cal. Edison Co. P.O. Box 600 Rosemead, CA 91771-0001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$28.31</u>
------	--	---	----------------

3.35	Nonpriority creditor's name and mailing address So. Cal. Edison Co. P.O. Box 600 Rosemead, CA 91771-0001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,714.72</u>
------	--	---	-------------------

3.36	Nonpriority creditor's name and mailing address Stumbaugh & Associates, Inc. 3303 N. San Fernando Blvd Burbank, CA 91504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$33,000.00</u>
------	--	--	--------------------

3.37	Nonpriority creditor's name and mailing address Swinerton Builders 865 S. Figueroa, Suite 3000 Los Angeles, CA 90017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
------	--	--	---------------

3.38	Nonpriority creditor's name and mailing address Universal Flooring Systems 15573 Commerce Lane Huntington Beach, CA 92649 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,282.60</u>
------	---	--	--------------------

Debtor The Source Hotel, LLC Case number (if known) 8:21-bk-10525-ES
Name

3.39 Nonpriority creditor's name and mailing address WESCO Distribution Inc. As of the petition filing date, the claim is: Check all that apply. \$108,209.02
6251 Knott Avenue
Buena Park, CA 90620
Date(s) debt was incurred
Last 4 digits of account number
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.40 Nonpriority creditor's name and mailing address Western Concrete Pumping As of the petition filing date, the claim is: Check all that apply. \$9,544.23
2181 La Mirada Drive
Vista, CA 92081
Date(s) debt was incurred 11/10/2020
Last 4 digits of account number
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim: Vendor (Expired Mechanic's Lien)
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Alcal Specialty Contracting, Inc. 946 N. Market Blvd. Sacramento, CA 95834	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain <u> </u>	<u> </u>
4.2	Angelo & White, APC 610 Newport Center Drive, Suite 120 Newport Beach, CA 92660	Line <u> </u> <input type="checkbox"/> Not listed. Explain <u> </u>	<u> </u>
4.3	County of Orange Dept. of Treasurer & Tax Collector 601 North Ross Street, CAS Mailroom Santa Ana, CA 92701-4091	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain <u> </u>	<u> </u>

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ <u>0.00</u>
5b. Total claims from Part 2	\$ <u>2,148,685.39</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <u>2,148,685.39</u>

SUPPLEMENTAL MASTER MAILING LIST

Creditor Removed from Schedule F:

Beach Orangethorpe Hotel III, LLC
P.O. Box 489
Buena Park, CA 90621